

EXHIBIT D

INMATE / PAROLEE APPEAL SCREENING FORM

INMATE: Crane CDC #: C44519 CDC HOUSING: A3-124 CDCR-695

- (1) USE NOTED

NOTE:

PLEASE:

APPEAL IS EITHER REJECTED FOR REASONS NOTED BELOW OR
 RETURNED FOR YOU TO ATTACH SUPPORTING DOCUMENTS
 YOU MUST RETURN YOUR CDC 602 WITHIN 15 WORKING DAYS

- | | |
|---|---|
| <input type="checkbox"/> Requested Action Already Taken | <input type="checkbox"/> Requested Appeal Withdrawn |
| <input type="checkbox"/> Duplicate Appeal; Same Issue | <input type="checkbox"/> Appeal Previously Received and Processed |
| <input type="checkbox"/> Appealing Action Not Yet Taken | <input type="checkbox"/> Incomplete 602 – Complete Next Appropriate Section |
| <input type="checkbox"/> Incomplete Appeal – Documents Not Attached | <input type="checkbox"/> Incomplete 602 – Sign and Date Appropriate Section |
| <input type="checkbox"/> Time Constraints Not Met | <input type="checkbox"/> Limit of One Continuation Page May Be Attached |
| <input type="checkbox"/> Cannot Submit On Behalf of another Inmate | <input type="checkbox"/> Incomplete Disciplinary Appeal – Missing Documents* |
| <input type="checkbox"/> Appeal Process Abuse – Inappropriate Statements | <input type="checkbox"/> Incomplete Property Appeal – Missing Documents* |
| <input type="checkbox"/> No Significant Adverse Effect Demonstrated | <input type="checkbox"/> Failed to Provide Necessary Copies of Chrono(s)* |
| <input type="checkbox"/> Action / Decision Not Taken By CDCR | <input type="checkbox"/> Appeal Process Abuse – Pointless Verbiage |
| <input type="checkbox"/> Action Sought Is Under Sentencing Court Jurisdiction | <input type="checkbox"/> May Submit One (1) Non-Emergency Appeal Per Week |
| <input type="checkbox"/> Submit Issue to Assigned Parole Office | <input type="checkbox"/> Attempting to Change Original Appeal Issue |
| <input type="checkbox"/> Appeal Matter to VCGCB | <input type="checkbox"/> Not Authorized to Bypass Any Level |
| <input type="checkbox"/> DRB Decisions Are Not Appealable | <input type="checkbox"/> Appeal Issue & Reasonable Accommodation Not 1824 |
| <input type="checkbox"/> Request for Interview; Not an Appeal | <input checked="" type="checkbox"/> Do Not Combine Staff Complaints with Other Issues |
| <input type="checkbox"/> More than one issue –one issue per appeal | <input type="checkbox"/> Emergency Not Warranted-CCR 3084.7 |
| <input type="checkbox"/> Not a Request Form; Use CDCR-7362 – to access Medical Services, submit your request on a CDCR-Form 7362, Health Care Services Form, and send it to the Medical Department for an appointment. If necessary, sign up for sick call. | |

PLEASE ATTACH AS NOTED BELOW:

- | | |
|--|--|
| <input type="checkbox"/> CDC 115/Hearing Officer's Results | <input type="checkbox"/> CDC 128C Medical Chrono |
| <input type="checkbox"/> CDC 115 with IE/DA Information | <input type="checkbox"/> CDC 1819 Denied Publications |
| <input type="checkbox"/> Supplemental Report to CDC 115 | <input type="checkbox"/> CDC 128 A |
| <input type="checkbox"/> CDC 1030 Confidential Disclosure | <input type="checkbox"/> CDC 128 B |
| <input type="checkbox"/> CDC 114D Lockup Order | <input type="checkbox"/> CDC 143 Property Transfer Receipt |
| <input type="checkbox"/> CDC 128G ICC/UCC | <input type="checkbox"/> Cell Search Slip |
| <input type="checkbox"/> CDC 128G CSR Encumbrance Chrono | <input type="checkbox"/> Receipts |
| <input type="checkbox"/> CDC 839/840 Class/Reclass Score Sheet | <input type="checkbox"/> Qtr. Pkg. Inventory Slip |
| <input type="checkbox"/> CDC 7219 Medical Report | <input type="checkbox"/> Trust Account Statement |
| <input type="checkbox"/> Other: SEE COMMENTS BELOW | <input type="checkbox"/> Property Inventory Receipt |

Comments: You may write on back of this form to clarify or respond to the above.

Attach evidence or documentary proof. If you have none -
then rewrite appeal and remove #'s 2 and 3
in Section B as this issue does not rise to the
level of a Staff Complaint

T. Valiz, Correctional Counselor-II
 Appeals Coordinator
 Salinas Valley State Prison

Date: 3-15-07

This screening action may not be appealed. If you allege the above reason is inaccurate, then attach an explanation on a separate piece of paper, or use the back of this screen out – do not write any more on the appeal itself. Please return this form to the Appeals Coordinator with the necessary information attached.

PERMANENT APPEAL ATTACHMENT - DO NOT REMOVE

INMATE/PAROLEE**APPEAL FORM**

CDC 602 (12/87)

Location: Institution/Parole Region

Log No.

Category 11

1. _____

1. _____

2. _____

2. _____

You may appeal any policy, action or decision which has a significant adverse affect upon you. With the exception of Serious CDC 115s, classification committee actions, and classification and staff representative decisions, you must first informally seek relief through discussion with the appropriate staff member, who will sign your form and state what action was taken. If you are not then satisfied, you may send your appeal with all the supporting documents and not more than one additional page of comments to the Appeals Coordinator within 15 days of the action taken. No reprisals will be taken for using the appeals procedure responsibly.

Mod. fed Program

NAME Richard J. CRANE	NUMBER C-44519	ASSIGNMENT None	UNIT/ROOM NUMBER A3 #124
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A. Describe Problem: On February 28, 2007, Sgt. Galloway and Correctional Officer in Building 3, on Facility 'A' refused to allow me to use a double shower with my cellmate, and both were unoccupied. These Staff insisted I use one shower with my cellmate, and when I did not want to, they said get back in your cell you refused a shower.

If you need more space, attach one additional sheet.

RET'D MAR 26 2007

REC'D MAR 15 2007

B. Action Requested: 1.) That these CDCR Staff cease this practice of forcing two men in a single shower; 2.) That this is entered in their conduct record; 3.) That Sgt. Galloway ceases to violate my civil rights and retaliate because I have him subject in a Federal Civil Rights lawsuit.

Inmate/Parolee Signature: Richard J. CraneDate Submitted: 03/14/07

C. INFORMAL LEVEL (Date Received: _____)

Staff Response: _____

Staff Signature: _____

Date Returned to Inmate: _____

D. FORMAL LEVEL

If you are dissatisfied, explain below, attach supporting documents (Completed CDC 115, Investigator's Report, Classification chrono, CDC 128, etc.) and submit to the Institution/Parole Region Appeals Coordinator for processing within 15 days of receipt of response.

Signature: _____

Date Submitted: _____

Note: Property/Funds appeals must be accompanied by a completed Board of Control form BC-1E, Inmate Claim

CDC Appeal Number: _____



STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS AND REHABILITATION

PROGRAM STATUS REPORT **PART B – PLAN OF OPERATION / STAFF & INMATE NOTIFICATION**

INSTITUTION

EFFECTIVE DATE OF PLAN

PRECIPITATING INCIDENT LOG NUMBER

SALINAS VALLEY STATE PRISON

NOVEMBER 15, 2006

SVP-FA2-06-11-0754

☐ NORMAL PROGRAM☒ MODIFIED PROGRAM☐ LOCKDOWN☐ STATE OF EMERGENCY☒ INITIAL☐ UPDATE☐ CLOSURE

RELATED INFORMATION (CHECK ALL THAT APPLY)

AREA AFFECTED	INMATES AFFECTED	REASON
<input type="checkbox"/> INSTITUTION <input checked="" type="checkbox"/> FACILITY: A <input type="checkbox"/> HOUSING UNIT: <input type="checkbox"/> VOCATION: <input type="checkbox"/> EDUCATION: <input type="checkbox"/> OTHER:	<input checked="" type="checkbox"/> ALL <input type="checkbox"/> BLACK <input type="checkbox"/> WHITE <input type="checkbox"/> HISPANIC <input type="checkbox"/> OTHER <input type="checkbox"/>	<input type="checkbox"/> BATTERY <input type="checkbox"/> DEATH <input type="checkbox"/> RIOT / DISTURBANCE <input type="checkbox"/> GROUPING <input checked="" type="checkbox"/> OTHER: Possible assault on staff
MOVEMENT <input type="checkbox"/> NORMAL <input checked="" type="checkbox"/> ESCORT ALL MOVEMENT (in restraints) <input type="checkbox"/> UNCLOTHED BODY SEARCH PRIOR TO ESCORT <input checked="" type="checkbox"/> CONTROLLED MOVEMENT <input checked="" type="checkbox"/> OTHER: Unclothed Body Search prior to exiting cell	WORKERS <input checked="" type="checkbox"/> CRITICAL WORKERS ONLY, WITH CAPTAINS APPROVAL <input checked="" type="checkbox"/> CULINARY <input checked="" type="checkbox"/> CLERKS <input type="checkbox"/> VOCATION/EDUCATION <input type="checkbox"/> CANTEEN <input type="checkbox"/> CLOTHING ROOM <input type="checkbox"/> RESTRICTED WORK PROGRAM <input checked="" type="checkbox"/> PORTERS <input type="checkbox"/>	DAYROOM <input type="checkbox"/> NORMAL <input checked="" type="checkbox"/> NO DAYROOM ACTIVITIES <input type="checkbox"/> MODIFIED:
FEEDING <input type="checkbox"/> NORMAL <input checked="" type="checkbox"/> CELL FEEDING <input type="checkbox"/> CONTROLLED FEEDING IN DINING ROOM <input type="checkbox"/> HOUSING UNIT/DORM AT A TIME <input type="checkbox"/> DORM POD AT A TIME <input type="checkbox"/> TIER AT A TIME <input checked="" type="checkbox"/> Gym inmates fed in dining hall <input type="checkbox"/> SACK MEAL BREAKFAST <input checked="" type="checkbox"/> SACK MEAL LUNCH <input type="checkbox"/> SACK MEAL DINNER	SHOWERS <input type="checkbox"/> NORMAL <input checked="" type="checkbox"/> ESCORTED-in restraints <input type="checkbox"/> ONE INMATE PER SHOWER – OWN TIER <input checked="" type="checkbox"/> CELL PARTNERS TOGETHER – OWN TIER <input type="checkbox"/> DORM SHOWERING BY GROUP <input type="checkbox"/> CRITICAL WORKERS ONLY <input type="checkbox"/> NO SHOWERS	RECREATION <input type="checkbox"/> NORMAL <input checked="" type="checkbox"/> NO RECREATIONAL ACTIVITIES <input type="checkbox"/> MODIFIED:
DUCATS <input type="checkbox"/> ALL DUCATS HONORED <input type="checkbox"/> MEDICAL DUCATS ONLY <input type="checkbox"/> CLASSIFICATION DUCATS <input checked="" type="checkbox"/> PRIORITY DUCATS ONLY	MEDICAL <input type="checkbox"/> NORMAL MEDICAL PROGRAM <input checked="" type="checkbox"/> PRIORITY DUCATS ONLY – under escort <input checked="" type="checkbox"/> MTA CONDUCT ROUNDS IN UNITS <input type="checkbox"/> INMATES ESCORTED TO SICK CALL <input type="checkbox"/> EMERGENCY MEDICAL ONLY <input type="checkbox"/> OTHER:	CANTEEN <input type="checkbox"/> NORMAL <input checked="" type="checkbox"/> NO CANTEEN <input type="checkbox"/> MODIFIED:
VISITING <input checked="" type="checkbox"/> NORMAL VISITING – under escort <input type="checkbox"/> NON-CONTACT ONLY <input type="checkbox"/> NO VISITING <input type="checkbox"/> OTHER:	LEGAL LIBRARY <input checked="" type="checkbox"/> MODIFIED: PLU I/Ms will receive priority to progress to GLU I/Ms	PACKAGES <input type="checkbox"/> NORMAL <input checked="" type="checkbox"/> NO PACKAGES <input type="checkbox"/> MODIFIED:
		PHONE CALLS <input type="checkbox"/> NORMAL <input checked="" type="checkbox"/> NO PHONE CALLS <input type="checkbox"/> MODIFIED:
		RELIGIOUS SERVICES <input type="checkbox"/> NORMAL <input type="checkbox"/> NO RELIGIOUS SERVICES <input checked="" type="checkbox"/> MODIFIED: IN CELL WORSHIP

REMARKS: On November 15, 2006, information was received that there is a possible threat to assault a Correctional Officer on Facility A. Facility A will remain on a Modified Program pending the completion of an investigation into this matter. Facility A shall commence the searches and interview process.

PREPARED BY:

DATE

NAME / SIGNATURE (WARDEN)

DATE

D.M. Mantel, Facility A Captain

M. S. Evans, Warden